

MAY 03 2005

<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No. END920000180US1
Applicant(s): Carol Ann et al			
Serial No. 09/887,781	Filing Date 06/22/2001	Examiner Cang G. Thai	Group Art Unit 3629
Invention: METHOD AND SYSTEM USING AN ENTERPRISE FRAMEWORK			
<p>I hereby certify that this <u>Auth. to Act in Representative Cap., Change of Corr. Address, Cert. of Facsimile</u>  <small>(Identify type of correspondence)</small></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)</p> <p>on <u>05/23/05</u>  <small>(Date)</small></p> <p style="text-align: right;"> <u>Colleen Bulman</u>  <small>(Typed or Printed Name of Person Signing Certificate)</small>  <u>Colleen Bulman</u>  <small>(Signature)</small> </p>			
<p>Note: Each paper must have its own certificate of mailing.</p>			

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Sample Form (03-04)

## AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of: Carol Ann et al

Application No. 09/887,781

Filed: 06/22/2001

Title: METHOD AND SYSTEM USING AN ENTERPRISE FRAMEWORK

Attorney Docket No. END920000180US1

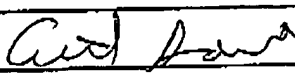
Art Unit: 3629

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
Karuna Ojanen Ojanen Law Offices Ltd 2665 Riverside Ln NE Rochester, MN 55906 US	32,484

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

## SIGNATURE of Practitioner of Record

Name	Arthur J. Samodovitz		
Signature		Date	11/27/2005
Registration Number	31,297	Telephone	

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

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